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ABSTRACT

A study examined the effectiveness of a method designed to increase active patient involvement in the health care context. Subjects, 38 patients visiting a three-physician dermatology practice one randomly selected morning, were asked to fill out a survey at the end of their visit. Half of the subjects were asked to read a "communication memo" prior to their meetings with their physicians, the other half were not. Results indicated that patients who read the memo encouraging questions were more at ease with their physicians, reported asking more questions, felt their physicians understood them more, and showed more of a decrease in concern about their health problems than did the control group. Results also indicated a positive correlation between the number of questions asked and perceived physician understanding. (Two tables of data are included; 28 references, the communication memo, and the survey are attached.) (RS)

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A TEST OF A METHOD OF INCREASING PATIENT QUESTION ASKING IN PHYSICIAN-PATIENT INTERACTIONS

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ABSTRACT

Previous research has indicated the importance of active patient involvement in the health care context for accurate diagnosis and treatment. In particular, the need for patients to ask questions of their health care providers has been substantiated. Previous attempts to increase patient question asking have involved costly and time-consuming methods. In the present study, a less costly and time consuming method of increasing patient question asking -- a "Communication Memo" given to patients waiting to see their physicians -- was tested. The results indicate that patients who read the memo encouraging question asking were more at ease with their physicians, reported asking more questions, felt that their physicians understood them more, and showed more of a decrease is concern about their health problems than did a control group. A positive correlation was noted between number of questions asked and perceived physician understanding.

A TEST OF A METHOD OF INCREASING PATIENT QUESTION ASKING IN PHYSICIAN-PATIENT INTERACTIONS

The important role of communication in the health care context is now fairly well established within the social sciences. More specifically, numerous studies have documented the important role played by patient question asking in the health care process. The data indicate that "patients may have input in medical decisions simply by asking questions" (Beisecker, 1990, in press). For instance, Fisher (1983) found that changes in treatment decisions occurred as a result of patient questions. After a review of relevant literature, Beisecker (1990) concluded that patients who are more active in their interaction with health care providers, including those who ask more questions, are more likely to understand their treatment regimens and the reasons for these regimens and are likely to experience a better medical outcome.

Historically, of course, question asking by patients has not been encouraged by societal norms or by health care providers. In his classic treatise, Parsons (1951) argued that the patient should play a passive role and should not ask questions of the care provider. More recently, this perspective has begun to change. Research is now documenting a new role for the patient -- that of consumer (Beisecker & Beisecker, 1987; Haug & Levin, 1983; Reeder, 1972; Ruzek, 1981). This new role includes, of course, such behaviors as asking questions of the physician.

Despite the beginnings of a trend toward consumerism in patients, much evidence still indicates few attempts by patients to question or seek information from care providers (Beisecker, 1986; Boreham & Gibson, 1978). For instance, Korsch, Gozzi & Francis (1968) found that only 24% of the patients participating in their study asked the physician about

their main concern. Even when patients do ask for information, they ask general rather than specific questions (Stimson, 1978), which are likely to yield general rather than specific answers.

This lack of questioning or information seeking occurs even though patients do desire answers (Beisecker, 1990; Boreham & Gibson, 1978). McIntosh (1974) and Quint (1965) have both concluded that patients want information and a frank discussion of uncertainties. However, the two studies also found that physicians are likely to withhold much information. Numerous other research documenting the withholding of information by care providers is summarized in Beisecker (1990). Such withholding of information makes more apparent the importance of question asking by patients.

Much research has also indicated factors that can discourage question asking by patients. For instance, Frankel (1984), Mishler (1984), Svarstad (1974) and West (1984) have all identified verbal tactics and strategies used by physicians to discourage question asking. West (1984) reported such behaviors as ignoring questions or changing the topic by physicians. Waitzkin (1984, 1985) found that physicians do not like patient questions, even though those same physicians are likely to ask, "are there any questions?" at the end of the interaction. Similarly, Weiss (1986) noted that questioning by patients is strongly discouraged by care providers.

This is not, of course, true of all health care professionals. Some do sincerely encourage questions from their patients. Weisman and Teitelbaum (1985), for instance, found that female doctors spend more time with their patients, and a longer interaction time is associated with more patient questioning. And patient characteristics may influence question asking behavior. Beisecker (1990) notes that some patients may not be motivated to ask questions, and that younger, better-educated, higher-income and female patients ask more questions. However, female patients are given shorter and

less technical answers than are males (Wallen, Waitzkin & Stoeckle, 1979). Patients who understand their treatment regimens are also more likely to ask questions (Beisecker, 1990).

Research, then, has indicated the importance of patient question asking as well as its rarity. Several studies have attempted to develop and test methods of encouraging patients to ask any questions they may have. In the earliest of these studies, Roter (1977) had trained interviewers ask patients their concerns and questions. The questions were written down and returned to the patients, who were encouraged to ask the questions of the physicians. These patients did, indeed, ask more questions of the physicians than did a control group. However, Roter also noted more anger and anxiety in the experimental group, as patients were playing an unexpectedly active role and did not always respond well to this.

Since the training given to the subjects in Roter's study may have been perceived as a bit "forceful," follow-up research has taken a somewhat less directive approach. Robinson and Whitfield (1985) compared three groups: 1) a "Normal" group who was only told that they were participating in a study of doctor-patient relationships; 2) a "Permission" group which was invited to raise questions during the interaction; and 3) a "Guidance" group which was asked to use two particular strategies to check their understanding of instructions. There were no differences between the "normal" and "permission" groups, but the "guidance" group asked more questions and understood their recommended treatments better.

Finally, Greenfield, Kaplan and Ware (1985) tested the effects of a 20 minute intervention designed to help patients read their charts and negotiate medical decisions with their physicians. They compared this intervention with a 20 minute standardized educational session. Participants in the

experimental group became more effective at eliciting information from their physicians. Notably, these patients also experienced fewer functional limitations, further evidencing the positive impact of patient acquisition of information.

The three studies cited above all indicate that patients can be encouraged to ask more questions and acquire more information from their care providers. All three of the interventions, however, were time-consuming and labor-intensive. The typical health care facility does not have the resources to devote to such patient encouragment. It was the goal of the present study to test the effectiveness of a less costly and more practical method of encouraging active participation and question asking -- a "communication memo" given to patients upon arrival at the physician's office.

RQ: Does a "communication memo" increase patients' willingness to ask questions of their physician?

METHOD

Subjects

Patients of an area dermatology practice were selected for inclusion in the study. It was deemed appropriate to select patients of a specialist such as a dermatologist rather than an internist, general practitioner, family practitioner, or pediatrician, since such a specialist may see a patient only one or two times rather than building a relationship over a number of years. Establishing rapport is likey to be more difficult and problematic in this short time period.

The particular practice that was selected, the largest in the area, has three physicians. The physicians were informed only that a patient survey was being conducted by the office manager.

All patients who visited the office on one randomly selected morning were

asked to fill out a survey at the conclusion of their visit. Half of them were asked to read a "communication memo" prior to their meetings with their physicians, half were not. All three of the physicians were seeing patients that morning.

The sample was composed of 38 patients -- 20 in the experimental group and 18 in the control group. Twenty-four patients were female, fourteen were male. Twenty-six patients were under 25 years of age, seven were from 25-40, and five were in the 40-65 age group.

Procedures

Members of the experimental group were asked to read a one-page memo typed on company letterhead while they waited for their appointments with the physicians. The memo explained the importance of an open exchange of information between physicians and patients and encouraged the patients to make note of any questions they would like to ask of their physicians. One of the authors sat in the waiting area and noted that the patients did in fact read the memo and that most wrote questions on the back of it. A copy of the memo can be found in Appendix A. Control group patients did not receive the memo.

After the examination, billing, and rescheduling, both control and experimental patients were asked by the office manager to complete a short questionnaire about their visit. The questionnaire asked a number of questions pertaining to the patient's perception of his or her ailment, the physician and his communication, whether or not questions were asked, what questions remained unanswered, billing, etc. Patients were asked to place completed questionnaires in a box before leaving. All patients complied. Six forms, however, were not complete and had to be discarded. A copy of the questionnaire can be seen in Appendix B.

RESULTS

T-tests were conducted on all of the ordinal and above level questions to look for differences between the control and experimental groups. Significant differences emerged on four of the questions and are summarized in Table 1. The experimental group reported being more concerned about their health problem prior to seeing the physician, and more at ease with the physician. The experimental group also reported asking the physician more questions and felt that the doctor understood them more than did the control group. There were no differences between the groups on the number of times they had seen this physician, their understanding of the bill, their familiarity with the office billing and insurance policies and procedures, and their concern about their health problem after seeing the physician. Additionally, no differences emerged among the patients of the three physicians.

Insert Table 1 about here

To look for relationships among the variables, correlations were computed. Because the correlations were somewhat different in the experimental and control groups, the r values are reported separately for each group. These correlations can be found in Table 2. Of particular interest, however, was the correlation between number of questions asked and perceived physician understanding, so this was computed across both groups ($r=.48$, $df=36$, $p<.01$).

Insert Table 2 about here

DISCUSSION

The data reported above appear to indicate that the experimental manipulation, the communication memo, did have an impact on patients and their

perceptions of their behavior and of the medical encounter. Although patients in the experimental group reported experiencing more concern about their health problem than did the control group prior to their appointment, there were no differences between the two groups after their appointments. The concern level of the experimental group decreased more than did that of the control group. It may be that the asking of questions and the subsequent acquisition of information by the experimental group led to the lessened concern, since the data indicate that the experimental group reported asking more questions. This increased question asking may also be related to perceptions of how much the doctor understood the problem, which was higher in the experimental group. Additional analyses did indicate a positive correlation between the number of questions asked and perceived physician understanding. Similarly, the experimental group felt more at ease with the physician than did the control group.

Some other relationships were also noted in the correlations. Within the control group, concern about the health problem after the visit was positively correlated with the number of times they had seen the doctor. It is likely that conditions leading to more visits also lead to more concern, and vice versa. More importantly, within the experimental group concern about the health problem before the visit was positively correlated with concern after the visit and was negatively correlated with amount of ease experienced during the visit. Concern after the visit was also negatively correlated with ease during the visit. Amount of ease experienced during the visit was positively correlated with perceived physician understanding.

The apparent positive effects of the communication memo noted above, could, of course, be a simple Hawthorne effect. Patients who received the memo may have felt singled out for special attention and this may have

affected their self-reported behavior. Because of privacy concerns, no actual observations were made of the interactions. We do not know whether patients in the experimental group actually did ask more questions, or just felt that they should have after reading the memo and thus reported more.

Even if the differences were all perceptual rather than behavioral, however, the findings may have some pragmatic value for health care providers. A "communication memo" such as that used in the present study may communicate to patients that the care provider is concerned about the patients and their health problems. This perceived concern may have positive effects.

The generalizability of the present findings is, of course, strongly limited by the sample and the type of setting utilized. Nonetheless, since the procedure used is a simple one, its utility in other settings and with other groups of patients should be tested. This procedure is a much easier one to use than any of those described in previous efforts to increase patient involvement and question asking in the medical encounter. When such future tests are undertaken several revisions should be made in the questionnaire to overcome some problems noticed in the present version. Question number six, which asked if patients still had unanswered questions regarding their diagnosis, prescribed medications, laboratory work or follow-up visits was phrased to yield yes-no answers. Most patients just circled "no" for all of the possibilities. A more sensitive measure might ask for the patient's degree of understanding on an ordinal level scale of each of the variables.

In addition to overcoming this limitation and testing the generalizability of the present findings, future research should examine outcome variables beyond those reported herein. Such measures might include those based upon observation of the interaction between the provider and the patient, number of return visits, congruence of understanding between the patient and the physician, comliance with treatment suggestions, etc. The

long term impact of such a communication memo might also be of interest to researchers. Does the effect of the memo "wear off" when people become used to it? Or do patients learn to consistently ask more questions as a result of repeated readings of the memo on subsequent visits? These empirical questions are worthy of research.

Some physicians might be concerned that a procedure such as this may lengthen the interaction with the patient and lead to fewer patients per day. However, since evidence indicates that more time in medical encounters is wasted by lack of communication, question asking, and understanding than would have been required to communicate more initially (Korsch & Negrete, 1972), such a concern does not seem warranted.

Conclusion

The present study has suggested a simple method of encouraging patient involvement in the medical encounter and consequent question asking. Some positive effects have been noted. In light of the current movement toward consumerism in medical care and the evidence indicating a relationship between communication and malpractice suits (Davison, 1985; May, 1985), it is hoped that future studies will continue this line of research.

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TABLE 1

Results of T-Tests

Question	T- value
Concern about the problem Experimental Mean = 3.45; Control Mean = 2.78	1.92*
Ease with the doctor Experimental Mean = 4.65; Control Mean = 3.28	4.47*
Physician understanding Experimental Mean = 4.75; Control Mean = 4.05	3.28*
Asking of questions Experimental Mean = 4.15; Control Mean = 2.17	1.95*

*Significant at the $p<.05$ level (one-tailed) at df=36

TABLE 2

Correlation Matrix - Control Group

Item	2	3	4	5	9
1. Concern before visit	-.15	.15	.34	.19	.32
2. At ease		.29	-.02	.01	-.05
3. Dr. understand?			.49*	.16	-.06
4. Asked questions				.10	-.26
5. # times seen Dr.					.55*
9. Concern after visit					

Correlation Matrix - Experimental Group

Item	2	3	4	5	9
1. Concern before visit	-.48*	-.30	-.27	-.14	.46*
2. At ease		.55*	.10	.03	-.58*
3. Dr. understand?			.29	.00	-.31
4. Asked questions				.22	-.15
5. # times seen Dr.					-.18
9. Concern after visit					

* $p<.05$

APPENDIX A

DERMATOLOGISTS
OF SOUTHWEST OHIO, INC.

Stephen B. Levitt, M.D.
Gary D. Palmer, M.D.
Thomas G. Olsen, M.D.
Jane L. Belz, M.D.

COMMUNICATION IS THE KEY TO GOOD MEDICAL CARE!!

When you make an appointment with your doctor, you expect to receive professional medical services. That is our responsibility and why you are here today. As a patient, you too have a responsibility - to communicate as fully as possible your medical condition, symptoms and concerns that could greatly assist your doctor in making a diagnosis and recommending treatment.

All too often, people view their doctor as an authority figure too busy or knowledgeable to be questioned. Consequently, they leave the office uncertain of their diagnosis or how to follow the recommended treatment.

We want to encourage you to ask your doctor about anything unclear to you and even repeat the answers in your own words to make sure there is no confusion. Don't be afraid to ask your doctor to explain unfamiliar medical words. You should provide precise information to your doctor and feel free to communicate your feelings and expectations.

Before you leave our office, you should understand your diagnosis and prescribed treatment. If lab tests are ordered, make sure you know the purpose of the tests and where to go to have them performed. If medicine is prescribed, be sure you understand how and when the medicine should be taken and how long, as well as the benefits and risks of the medication. When a follow-up appointment is scheduled, you should know the purpose of this visit. In addition, you should know the cost of today's appointment and understand the billing and insurance policies of our office.

Our office staff is eager to help answer many of your questions. Please feel free to ask the nurse or assistant questions, too. If there is anything she is uncertain of, she will be sure to ask the doctor. Our receptionists want to help you with billing and insurance questions, as well as scheduling a convenient follow-up appointment if needed.

Your doctor wants to make today's appointment as beneficial to you as possible. With your cooperation and active participation in your own health care, your doctor can provide you with excellent medical care and feel confident that you will continue with the prescribed treatment after you have left the office.

Although we encourage you to ask questions during your office visit, we realize that problems and questions do come up after your appointment. Please feel free to call our office and the nurse or doctor will return your call as soon as possible.

** You may use the back of this sheet to write down important medical questions that you want to be sure to ask the doctor today. Feel free to bring them with you into the examining room.

5300 Far Hills Ave. • Dayton, Ohio 45429-2314 • 433-7536
41 Stanfield Rd. • Troy, Ohio 45373-2396 • 339-8380
1200 E. Second St. • Franklin, Ohio 45005-1912 • 746-3412
2661 Salem Ave. • Dayton, Ohio 45406-2932 • 274-0861
220 W. Martz St. • Greenville, Ohio 45331-1052 • 548-3970

APPENDIX B

THANK YOU FOR TAKING A MINUTE AND ANSWERING A FEW QUESTIONS ABOUT YOUR VISIT TO OUR OFFICE TODAY. Please circle the number that best describes your appointment with Dr. _____ . (Please fill in doctor's name.)

1. Before today's appointment, how concerned were you about the problem that caused you to see the doctor?

1	2	3	4	5
Not Concerned				Very concerned

2. Are you at ease speaking to the doctor?

1	2	3	4	5
Never				Always

3. Did the doctor understand what you were saying about your health?

1	2	3	4	5
Not at all				Understood

4. How often did you ask the doctor questions when you didn't completely understand something?

1	2	3	4	5
Never				All the time

5. How many times have you seen the doctor you had for today's appointment?

1 time ------- 2 times ------- 3 times ------- more than 3 times

6. Do you still have unanswered questions concerning...

Your diagnosis?	NO	YES
Prescribed medications?	NO	YES
Laboratory work?	NO	YES
Follow-up visit?	NO	YES

7. Do you understand your bill? NO YES

8. Are you familiar with the billing and insurance policies of our office?

NO YES

9. Having seen the doctor, how concerned are you about your problem now?

1	2	3	4	5
Not concerned				Very concerned

MALE ____ FEMALE ____

under 25 ____
25-40 years old ____
40-65 years old ____
over 65 ____

10. Any additional comments?

THANK YOU FOR CHOOSING OUR OFFICE FOR YOUR HEALTH CARE NEEDS. YOU ARE A VALUED PATIENT AND WE WANT TO CONTINUE CARING FOR YOU.